



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
TITLE IV-E REIMBURSABILITY DETERMINATION

I. ONE TIME CRITERIA

NAME OF CHILD	DCN	ELIGIBILITY MONTH
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1. REASONABLE EFFORTS

Is there a Court order which states that reasonable efforts were made (or not possible) to prevent placement?

☐ YES

Date of Court order: _____

**GO TO 2, CONCURRENT RECEIPT
OF SSI AND TITLE IV-E**

☐ NO

Is there a Court order which states that reasonable efforts to return the child are being made?

☐ YES

Date of Court order: _____

☐ NO

The child's cost of care is not reimbursable until a Court order with an appropriate reasonable efforts statement is obtained. Attempts should be made to obtain a reasonable efforts statement now if the child is still in care.

2. CONCURRENT RECEIPT OF SSI AND TITLE IV-E

Did the child receive SSI benefits during the review period?

☐ NO

GO TO 3, FIRST POSSIBLE REIMBURSABLE MONTH

☐ YES

Document the months in which the child received SSI: _____

The child is not Title IV-E reimbursable during these months.

3. FIRST POSSIBLE REIMBURSABLE MONTH

A. Date of Court order which contains the reasonable efforts statement _____ / _____ / _____

B. Date in which the child is no longer in receipt of SSI, if applicable _____ / _____ / _____

First possible reimbursable month is the most recent date in 3A, or 3B. First possible reimbursable month _____

II. MONTHLY CRITERIA

REVIEW PERIOD
FROM _____ THROUGH _____

1. AGE

AGE	BIRTHDATE	AGE DURING REVIEW PERIOD
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Is the child 18 or over in the review period?

☐ NO

GO TO 2, DEPRIVATION

☐ YES

Is the child expected to complete secondary school (or the equivalent level of vocational or technical training) before age 19?

☐ YES

GO TO 2, DEPRIVATION

☐ NO

The child is no longer Title IV-E reimbursable as of the month he turned 18 or the month it was determined that he would not complete school by age 19. Document the months for which the answer to this question is no: _____

2. DEPRIVATION

Did deprivation exist in the home from which the child was removed during the entire review period?

☐ YES

Document the reason: absence, death, incapacity, unemployment

☐ NO

Indicate the months when deprivation did not exist: _____

The child is not Title IV-E reimbursable during these months.

3. REIMBURSABLE PLACEMENT

Did the child reside in a reimbursable placement during the entire review period?

☐ YES **GO TO 4, FINANCIAL NEED OF THE CHILD**☐ NO Document the months in which the child did not reside in a reimbursable placement: _____

The child is not Title IV-E reimbursable during these months.

4. FINANCIAL NEED OF THE CHILD

A. Did the child own any assets or receive any income during the entire review period (or did DFS receive any income on the child's behalf)?

☐ NO **GO TO 5, DOCUMENT THE MONTHS FOR WHICH THE CHILD WAS:**☐ YES Document the type and amount of the child's income and assets and the months during which the child received the income and assets.

	TYPE	AMOUNT	MONTHS	TYPE	AMOUNT	MONTHS
ASSETS						
INCOME						

Complete the AFDC work sheet as necessary.

B. Were the child's assets within the AFDC standard for the entire review period?

☐ YES **GO TO 4C, FINANCIAL NEED OF THE CHILD**☐ NO Indicate the months in which the child's assets exceeded the allowable standard: _____
The child is not Title IV-E reimbursable during these months.

C. Was the child's gross income within 185% of the foster care maintenance rate during the review period?

☐ YES **GO TO 4D, FINANCIAL NEED OF THE CHILD**☐ NO Document the months in which the child's income exceeded the allowable standard: _____
The child is not Title IV-E reimbursable during these months.

D. Was the child's net income within 100% of the foster care maintenance rate during the review period?

☐ YES☐ NO Document the months in which the child's income exceeded the allowable standard: _____
The child is not Title IV-E reimbursable during these months.**5. DOCUMENT THE MONTHS FOR WHICH THE CHILD WAS:**

TITLE IV-E REIMBURSABLE			NOT TITLE IV-E REIMBURSABLE		
MONTH/YEAR			MONTH/YEAR		
FROM	THROUGH		FROM	THROUGH	
MONTH/YEAR			MONTH/YEAR		
FROM	THROUGH		FROM	THROUGH	
MONTH/YEAR			MONTH/YEAR		
FROM	THROUGH		FROM	THROUGH	
MONTH/YEAR			MONTH/YEAR		
FROM	THROUGH		FROM	THROUGH	
MONTH/YEAR			MONTH/YEAR		
FROM	THROUGH		FROM	THROUGH	
MONTH/YEAR			MONTH/YEAR		
FROM	THROUGH		FROM	THROUGH	

SIGNATURE OF ELIGIBILITY SPECIALIST

DATE